STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
POLICY DIRECTIVE

Policy No. DOC 4.5.9	Subject: **CONTINUOUS QUALITY IMPROVEMENT PROGRAM**
Chapter 4: FACILITY/PROGRAM SERVICES	Page 1 of 2
Section 5: Health Care for Secure Facilities	Effective Date: May 1, 1998
Signature: /s/ Bill Slaughter, Director	Revision Date: April 18, 2006

I. POLICY

The Department of Corrections will monitor health care delivery through Continuous Quality Improvement (CQI) activities that include monthly monitoring, sentinel events, and data review.

II. APPLICABILITY

The secure facilities that include Montana State Prison, Montana Women's Prison, and the private and regional facilities contracted to the Department of Corrections.

III. REFERENCES

A. National Commission on Correctional Health Care Standards for Health Services in Prisons, 2003

IV. DEFINITIONS

Continuous Quality Improvement (CQI) – A process for monitoring the fundamental aspects of a facility health care system to identify areas that need improvement and to develop and implement remedial strategies or actions.

Continuous Quality Improvement Committee – A multidisciplinary committee consisting of health care staff from various disciplines (medicine, nursing, mental health, dentistry, health records, pharmacy, laboratory) that designs quality improvement monitoring activities, discusses the results, and implements corrective action.

Process Quality Improvement Study – A study examining health care delivery process effectiveness.

Outcome Quality Improvement Study – A study examining whether expected patient care outcomes were achieved.

Sentinel Event – A sudden unexpected event in the course of overall care. This may be a system issue or unexpected direct complication. Offender death is always a sentinel event.

Medical Director – The physician designated by the Department director to oversee the health care of all offenders under Department jurisdiction.

Facility Administrator – The official, regardless of local title (administrator, warden, superintendent), ultimately responsible for the facility or program operation and management.

Health Care Staff – Includes licensed health care providers and non-licensed health care staff (e.g., medical records staff, health care aides) responsible for offender health care administration and

treatment.

V. DEPARTMENT DIRECTIVES

A. Basic CQI Program

1. Facilities with an average daily offender population of 500 or less will have a basic CQI program that:

    a. performs quarterly clinical chart review of at least five percent of all patient health records;
    b. reviews, at least annually, access to care, receiving screening, health assessment, continuity of care, emergency care and hospitalizations, adverse patient occurrences including all deaths; and
    c. completes an annual review of the effectiveness of the CQI program.

B. Comprehensive CQI Program

1. Facilities with an average daily population of more than 500 offenders will have a comprehensive CQI program that:

    a. establishes a multidisciplinary quality improvement committee that meets at least quarterly and designs quality improvement monitoring activities, discusses the results, and implements corrective actions;
    b. reviews, at least annually, access to care, receiving screening, health assessment, continuity of care (sick call, chronic disease management, discharge planning), infirmary care, nursing care, pharmacy services, diagnostic services, mental health care, dental care, emergency care and hospitalizations, adverse patient occurrences including all deaths, critiques of disaster drills, environmental inspection reports, offender grievances, and infection control;
    c. completes an annual review of CQI program effectiveness by reviewing committee meetings minutes; and
    d. performs at least one outcome quality improvement study a year.

C. Continuous Quality Improvement Committee

1. Facilities with comprehensive CQI programs will have CQI committees that:

    a. meet at least quarterly to facilitate quality improvement;
    b. ensure major aspects of health care services are periodically reviewed; and
    c. select and review clinical services using CQI methodology.

2. The committee will include a custody representative as appropriate.

3. The physician responsible for facility health care services will participate in the CQI program and committee either by performing monthly chart reviews or by assuming a leadership role in the CQI committee.

D. CQI Reports

1. Facilities with a basic CQI program will submit reports to the medical director and facility administrator as requested but at least annually.

2. Facilities with a comprehensive CQI program will develop reports on a quarterly basis and present them at the committee meeting with copies to the medical director and facility administrator.

E. Release of Information

1. Information-- (CQI data), analysis, findings, recommendations, conclusions, and actions developed by or for health care staff, health services, or other individual committees performing CQI assessments or similar functions-- will not be available to unauthorized persons or organizations or used for other than intended purposes as allowed for under state and federal law.

2. Information covered by this policy includes health care staff dossiers, credentials, committee considerations, and administration and health care staff disciplinary actions.

VI. CLOSING

Questions concerning this policy should be directed to the Department medical director or health services bureau chief.